STATEME	n of Health Service R ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	T (Va) MIII TITE			1 APPR
AND PLAI	N OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED	
		3404551	A. BOILDING.		CON	PLETED
		MHL054-126	B. WING			40100
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE		05/16/202	
OAKWO	OD FACILITY		E SHACKLE			
The state of the s		KINSTON	N, NC 28504			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RE	COMP DA
V 000	INITIAL COMMENT	S	V 000			
	on May 16, 2024. T	ake #NC00216708).				
	This facility is licens category: 10A NCAC Residential Treatme Adolescents.	ed for the following service 2 27G .1900 Psychiatric nt for Children and				
	This facility is license census of 10. The su audits of 4 current cl	ed for 12 and has a current urvey sample consisted of ients.				
V 315	27G .1902 Psych. Re	es. Tx. Facility - Staff	V 315			
10A NCAC 27G .1902 STAFF  (a) Each facility shall be under the direct physician board-eligible or certified in chepsychiatry or a general psychiatrist with experience in the treatment of children a adolescents with mental illness.  (b) At all times, at least two direct care is members shall be present with every six or adolescents in each residential unit.  (c) If the PRTF is hospital based, staff is specifically assigned to this facility, with responsibilities separate from those performs acute medical unit or other residential (d) A psychiatrist shall provide weekly consultation to review medications with every adolescent admitted to the facility.  (e) The PRTF shall provide 24 hour on-scoverage by a registered nurse.		2 STAFF I be under the direction a ble or certified in child all psychiatrist with atment of children and hal illness.  ast two direct care staff esent with every six children h residential unit. Spital based, staff shall be to this facility, with ate from those performed on or other residential units. Il provide weekly medications with each child d to the facility.		RECEIVED  IMM 0 4 2024  DHSR-MH Licensure Sec	t	

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED 3404551 MHL054-126 B. WING 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD OAKWOOD FACILITY KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 315 | Continued From page 1 V 315 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain an approved waiver of Rule 10A NCAC 27G .1902 (e) to ensure compliance with providing 24-hr onsite coverage by a registered nurse (RN). Review on 05/16/24 of Division of Health Service Regulation (DHSR) records for the facility revealed: No current approval waiver of Rule 10A NCAC 27G.1902 (e). The last approved waiver for Rule 10A NCAC 27G 1902 (e) was valid until December 31, 2022 Review on 05/16/24 of an approval of waiver sent to the previous facility program Director and dated 03/25/22 revealed - "RE: Approval of Request for Renewal of Waiver of Rule 10A NCAC 27G.1902 (e) for NOVA, Inc, [Sister] Facility, MHL-054-125, Oakwood Facility, MHL-054-126, [Sister] Facility, MHL-054-159, [Local] County...Pursuant to your request contained in your letter dated March 9, 2022. which was received March 9, 2022 and after review by our staff, I have determined that the request for waiver be approved for licensure year 2022. This is based on delegation of authority given to me by [Director], Director of the Division of Health Service Regulation, on April 23, 2018. Rule 10A NCAC 27G.1902(e) provides, "[t]he PRTF shall provide 24 hour on-site coverage by a registered nurse." Renewal of the waiver will allow the facility to continue to utilize one RN position per shift to provide twenty-four hour on-site coverage for the three PRTF facilities that

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED 3404551 MHL054-126 B. WING 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD **OAKWOOD FACILITY** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 315 | Continued From page 2 V 315 approve your request for renewal of waiver of Rule 10A NCAC 27G.1902 (e) based on the following representations: The provider states, " ... one RN per shift can effectively serve the facilities because they are on the same site and are in very close proximity to each other. From the central nursing office, located in Building C; it is 270 feet (90 yards) and 50 seconds to the [Sister] Facility; is 240 feet (80 yards) and 41 seconds to the Oakwood Facility, and it is 240 feet (80 yards) and 41 seconds to the [Sister] Facility." The provider also states that the RN is supported by other clinical staff both during the day and night. "During first shift ...other clinical staff ...include the Director who is an RN, the Nursing Director, two Licensed Therapists and at least five Qualified Professionals. Additionally, NOVA utilizes two LPNs (Licensed Practical Nurse) per day shift to assist the RNs with related duties." At night there are two Residential Services Supervisors, the Director of PRTF Services ...is also on call 24/7 to the facility. The Director of Nursing is always on call as well as a Qualified Professional. NOVA has a Psychiatrist and a MD on call 24/7 also." During 2021 there were complaint and follow-up surveys at the [Sister Facility] and Oakwood facilities. The deficiencies were related to client self governance policy and facility maintenance. None of the deficiencies were related to RN staffing. Despite the proximity of the facilities Division staff notes 1 RN is required to monitor 42 beds, which seems

Division of Health Service Regulation

substantial. An authorizing letter from the Board of Directors "ensures that the health, safety and welfare of all consumers will not be threatened." [Previous], the Local Management Entity -Managed Care Organization (LME/MCO) of the catchment area, supports approval of this waiver request. DHSR reported that there are no current sanctions against these facilities. In accordance

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED 3404551 MHL054-126 B. WING 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD OAKWOOD FACILITY KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 315 | Continued From page 3 V 315 with 10A NCAC 27G .0813, the waiver of Rule 10A NCAC 27G.1902 (e) cannot exceed the expiration date of the 2022 license which is December 31, 2022; and, therefore shall be subject to renewal consideration upon the request of the licensee." - Signed by the previous Chief, Mental Health Licensure & Certification Section Review on 05/16/24 of a letter sent to North Carolina Division of Health and Human Services/DHSR dated 11/03/23 and signed by the facility President/Chief Executive officer revealed: - "To Whom It may Concern: The Governing Board of NOVA, Inc. authorizes the request for waiver from 10A NCAC 27G .1902 (e) to use one RN position per shift to provide onsite coverage for facilities (Oakwood, [Sister facility] and [Sister Facility]) regarding RN staffing. The board supports the request and assures that the health, safety, and welfare of the Consumers will not be threatened." - "Request for Waiver" for Oakwood Facility and 2 sister facilities. - "3. Rule Number and Title for Which Waiver is Sought 10A NCAC 27G .1902 staff (e) The PRTF shall provide 24-hour on-site coverage by a Registered Nurse. - 4 a/b. (Reason for request & nature and extent of request): NOVA, Inc., is requesting a waiver from Rule 10A NCAC 27G .1902(e) for [Sister facility], Oakwood and [Sister facility] facilities (located on one site) to share one registered Nurse per shift t provide 24-hour onsite coverage. this waiver request appears to be consistent with the language of the rule in terms of the provision of RNs 'onsite' versus 'in each facility'. 4 c. (Confirmation that the health, safety or welfare of clients will not be threatened): NOVA unequivocally assumes that the health, safety,

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
I			3404551				
ŀ			MHL054-126	B. WING		05	/16/2024
	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	OAKWO	OD FACILITY		E SHACKLE , NC 28504	FORD ROAD		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
		and welfare of all conthreatened should the has a waiver in effect without compromise services as evidence have not resulted in of one RN. We further shift can effectively state they are on the same proximity to each other office, located in Builty yards) and 50 second 240 feet (80 yards) and 50 second 240 feet (80 yards) and 41 seconds to the shift (7 a.m7 p.m.), presence of several of Nursing Director and both RNs, three Licely in the presence of the suitilizes two LPNs per RNs with related duting reduced number of collaboration of the presence of the supports in place Aside from the presence of the supports in place Aside from the presence of the supports in place Aside from the presence of the supports in place Aside from the presence of the supports in place Aside from the presence of the presence of the presence of the supports in place Aside from the presence of the presen	insumers will not be his request be granted. NOVA of for many years, since 2010 of the provided nursing a by multiple surveys that sanctions regarding the use or believe that one RN per serve the facilities because a site and are in very close her. From the central nursing liding C; it is 270 feet (90 dos to the [Sister] Facility; is and 41 seconds to the di ti is 240 feet (80 yards) he [Sister] Facility. During first the RN is supported by the clinical staff to include a Program Director who are his and at least sionals. Additionally, NOVA day per shift to assist the linical staff after 7 p.m we he to assist the RN on duty. Ince of two Residential health RN and facility. A second RN is on hell as a Qualified has a Psychiatrist and MD all 24/7 also. Most of our bed by 9 p.m. and many of earlier. Our campus is hiet throughout the second one by an RN.	V 315			
	9	5. NOVA, Inc. request granted for the 2024 of	sts that this waiver be calendar year."				
		Nurse stated:	the Licensed Practical				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED 3404551 MHL054-126 B. WING 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD **OAKWOOD FACILITY** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 315 | Continued From page 5 V 315 - She had worked at the facility since February - She usually worked at a sister facility. - She will occasionally work in the central building which covers both Oakwood Facility and a sister facility on the same campus. Interview on the Chief Operating Officer stated: - The facility had created and sent in waivers to DHSR and the LME/MCO. - They had not had a response from the waiver submission. - The facilities have operated the same for several years. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 05/14/24 at approximately 11:15am revealed: D House - D3 bedroom had a broken electrical plate on the wall. The sheetrock was torn away from the wall. There was writing on the bedroom door. A baseball sized area of the top layer of sheetrock was peeled off the wall. - D2 bedroom had smudge marks on the walls of the bedroom and a white plastered area behind

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED 3404551 MHL054-126 B. WING 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD **OAKWOOD FACILITY** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 | Continued From page 6 V 736 the door. The Left side bathroom had the towel and soap dispenser removed from the wall which left screw holes in the sheetrock. The tub tile had dark areas of grout. - D4 bedroom had a black substance on the walls and an electrical device pulled away from the ceiling near the door - D6 bedroom had a loose handle to the door. - The right side bathroom had dark grout areas on the tub tile. E House - The living room area had 2 white patched areas approximately the size of a soccer ball. An irregular shaped white patched area next top the sink. An approximately 4 inch by 8 inch area of paint was peeled off the door facing on left side of hallway entrance. - E8 bedroom had 2 approximately 3inch by 6 inch areas of the top layer of sheetrock peeled away. - The left side bathroom had dark areas of grout on the tub tiles. - E7 bedroom had bits of trash on the shelf area. - E10 bedroom had bits of debris scattered on the floor. - E11 had 1 approximately basketball sized white patched area behind the door. A white patched area in the closet location approximately the size of a soccer ball. 2 softball sized white patched areas in the bedroom. - D12 had several various sized white parched areas on the walls. Interview on 05/14/24 the Acting Program manager stated: - He would follow up on the electronic device hanging from the ceiling in building D. - The maintenance department is constantly

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED 3404551 B. WING MHL054-126 05/16/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2002 D & E SHACKLEFORD ROAD **OAKWOOD FACILITY** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 | Continued From page 7 V 736 repairing items in the facility. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

Division of Health Service Regulation

## Appendix 1-B: Plan of Correction Form

Plan	of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name: Provider Contact Person for follow-up:	NOVA Behavioral Health Chief Operating Officer	Phone:	919-920-7391
	2002 St. 11 S. 177	Email:	cford@novanc.org
Address:	2002 Shackleford RD Kinston, NC 28504		r# 3404551

Finding	Corrective Action Steps		
V315	NOVA always takes steps to ensure that the PRTF has adequate	Responsible Party	Time Line
27G .1902 Psych. Res. Tx. Facility - Staff	serve. COO, will contact our home LME Trillium to request a waiver to 10A NCAC 27G .1902. We have been successful	PhD,Chief Operating Officer  RN, Director	Implementation Date: 6/15/24
	communicate with Trillium, and request a waiver that will allow NOVA to staff all three facilities on NOVA's PRTF campus with I RN, minimally. Once the waiver is in place, Director of Nursing will ensure that PRTF shall provide the state of the provided to the state of the provided that the provided	of Nursing	Projected Completion Date: 7/15/2024
V 736	Chi so a registered nurse.		
27G .0303(c) Facility and Grounds Maintenance	to be made in the facility and submit them to  Facilities Officer.  Work with the maintenance.	PhD, Chief Operating Officer	Implementation Date: 6/3/24
	will also ensure and document the completion of each maintenance project.	Chief Facilities Officer	
			Projected Completion Date: 6/15/24
			Implementation Date:
			Projected Completion Date:

